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or maintenance fee notificat	tions.					
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 04743 MARSHALL, GERSTEIN & BORUN LLP 233 S. Wacker Drive 6300 Willis Tower Chicago, Illinois 60606-6357				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
						(Depositor's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVEN		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/444,790	05/19/1995	Manfred Brockhaus			01017/40451B	5612
TITLE OF INVENTION: HUMAN TNF RECEPTOR FUSION PROTEIN						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLIC	ATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	no	\$1,510.00			\$1,519.00	
EXAMINER		ART UNIT	ART UNIT CLASS-			
Z. C. Howard		1646				
	Change of 22) attached. (2) are indication ent) attached. A TO BE PRINTED	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. TED ON THE PATENT (print or type) signee data will appear on the patent. If an assignee is identified below, the document has been filed				
for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Hoffman-LaRoche Inc. Nutley, New Jersey						
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government						
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):						
X Issue Fee			A check in the amount of the fee(s) is enclosed.			
Publication Fee (No small entity discount permitted) X Payment by credit card.						
X Advance Order -# of Copies 3 X The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2855						
5. Change in Entity Statu	s (from status indicate	d above)				
	SMALL ENTITY sta				er claiming SMALL ENTITY st	
The Director of the USPTO is NOTE: The Issue Fee and Pulnterest as shown by the record	blication Fee (if require	 d) will not be accepte 	d from anyone other	re-apply any pr than the applic	eviously paid issue fee to the appl ant; a registered attorney or agent	ication identified above. ; or the assignee or other party in
Authorized Signature Kiltsien Rin - Laures				Δ	DateSer	otember 2, 2011
Typed or printed name		Li-Hsien Rin-Laures, M.D.			Registration No.	33,547